

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.  
**286249**  
APPLICATION NO.

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
1	1					
2						
3						
4						
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40						
41	1					
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL INO.	6					
TOTAL DEF.		18				
TOTAL	6	18				

	INO.		DEF.		INO.		DEF.	
	INO.	DEF.	INO.	DEF.	INO.	DEF.	INO.	DEF.
61	1							
62		1						
63		1						
64		1						
65		1						
66	1							
67	1							
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TOTAL INO.								
TOTAL DEF.								
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